

Date

## ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	DS REGISTRY		
2.			
3.			
4.			
5.			

Action	<input checked="" type="checkbox"/> File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

Please file

HPSCI Counterintelligence  
and Security Countermeasures  
Recommendations

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No.

5041-102

☆ U.S. GPO: 1986-491-247/40012

OPTIONAL FORM 41 (Rev. 7-78)  
Prescribed by GSA  
FPMR (41 CFR) 101-11.206

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